

The Federal Interagency Committee on Emergency Medical Services

Meeting Minutes
December 16, 2010

Introduction

The Federal Interagency Committee on Emergency Medical Services (FICEMS) met on Thursday, December 16, 2010 from 9:00 a.m. to 12:00 p.m. at the Omni Shoreham Hotel in Washington, D.C.

Members in Attendance

Department of Transportation (DOT)

David Strickland, Chair
National Highway Traffic Safety Administration (NHTSA)

Department of Health and Human Services (HHS)

Kevin Yeskey, M.D.
Office of the Assistant Secretary for Preparedness and Response (ASPR)

David R. Boyd, MDCM
Indian Health Service (IHS)

David E. Heppel, M.D.
Health Resources and Services Administration (HRSA)

Rick Hunt, M.D.
Centers for Disease Control and Prevention (CDC)

Jean K. Sheil
Centers for Medicare and Medicaid Services (CMS)

Department of Homeland Security (DHS)

Alexander Garza, M.D., MPH
Office of Health Affairs (OHA)

Rob Neale
U.S. Fire Administration (USFA)

Department of Defense (DoD)

Nancy Dezell
Office of the Assistant Secretary of Defense for Health Affairs

The Federal Communications Commission (FCC)

Deborah Klein
Public Safety and Homeland Security Bureau

State EMS Director

Robert Bass, M.D.
Maryland Institute of Emergency Medical Services Systems

Others in Attendance

Drew Dawson
NHTSA

Kurt Krumpnerman
AEMS

Ian Weston
EMSC

Dave Bryson
NHTSA

William Seifarth
DHS/OHA

Deborah Klein
FCC

Bernice Boursiquot
NHTSA

George Gentile
HHS/HRSA

Megan Meacham
HRSA/ORHP

Laurie Flaherty
NHTSA

Walt Stoy
PITT/CEM

Ken Holland
NFPA

Cathy Gostschall
NHTSA

Robert Dodd
NTSB

Scott Somers
NEMSAC

Susan McHenry
NHTSA

Ken Miller
NEMSAC

Troy Hagen
NEMSAC

Hector Williams
NHTSA

Kathy Brinsfield,
M.D., MPH
DHS/OHA

Ritu Sahni
NEMSAC

Noah Smith
NHTSA

Kate Nichols
DHS/OHA

Lisa Tofil
Holland & Knight

Dia Gainor
OHA

Lori Summers
NHTSA

Greg Lynskey
AAMS

Rick Patrick
OHA

Amy Valderrama
CDC

Aarron Reinert
NEMSAC

Mike Stern
USFA

Tony Baker
IAFC

Terri Nally
ENA

Gregg Lord
NCCD

Ken Knipper
NEMSAC

Thomas Jeffers
ONSTAR

Dawn Mancuso
AAMS

Tasmeen Weik
HHS/HRSA

Matthew Tatum
NEMSAC

John Chiramonte
Booz Allen Hamilton

Stacey Kane
DHS

Jonathan Moore
IAFF

Alice Hill
DHS

M. Birch or Burch (sp)
AAA

BACKGROUND

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (42 U.S.C. Section 300d-4). FICEMS is charged with coordinating federal Emergency Medical Services (EMS) efforts for the purposes of identifying state and local EMS needs, recommending new or expanded programs for improving EMS at all levels, and streamlining the process through which Federal agencies support EMS.

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FICEMS Authorization

MEETING PROCEEDINGS

OPENING REMARKS

The final FICEMS meeting of 2010 was called to order by David Strickland, Department of Transportation (DOT), Administrator, National Highway Traffic Safety Administration and FICEMS Chair. He welcomed the members of the committee, members of the FICEMS Technical Working Group (TWG) and audience participants. Strickland noted that he had sworn in members of the National EMS Advisory Council (NEMSAC) the previous day and acknowledged all their hard work as well as that of the TWG across all identified areas. He referred to the notes from the FICEMS stakeholder meeting in March saying they would provide a road map for strategic planning going forward, and that the group should continue to consider the perspectives of all stakeholders.

Strickland further stated that since FICEMS elects chairs on a rotating basis; this would be his final meeting as chair. Following his opening remarks, Strickland called for self-introductions of the committee and the audience.

APPROVAL OF MINUTES

David Strickland moved to approve the minutes from June 2010. The minutes were unanimously approved.

UPDATE ON PROPOSED FEDERAL GRANTS TO STATE EMS SYSTEMS FOR IMPROVING PANDEMIC INFLUENZA PREPAREDNESS

Strickland led the discussion stating that FICEMS had a meeting in Executive Session in October 2010 to consider a possible federal grant for improving EMS system Pandemic Influenza Preparedness. The next steps would likely include more internal discussion and the group agreed conceptually that considerations should include a long-term strategic planning process as the re-authorization of FICEMS in Congress approaches.

OPERATIONS AND CHARTER FOR FICEMS

Drew Dawson stated that the Technical Working Group met a few months ago and decided to revisit the charter for FICEMS. The group made progress on the charter and will be further reviewing at the TWG level in January from which some recommendations for FICEMS are expected to emerge. Rick Patrick has been helping to draft the charter. Rick Patrick acknowledged that significant work had been undertaken by Cmdr. George Gentile and he lauded the commander's efforts. Andrew Klein was cited for his contributions as well.

DEPARTMENT OF HOMELAND SECURITY *BLUE CAMPAIGN* UPDATE

Dr. Alexander Garza took the floor to introduce an anti-human trafficking campaign as well as Alice Hill, Senior Counselor to Secretary Napolitano, and Chair of the *Blue Campaign*. Garza described the *Blue Campaign* as a comprehensive victim-centered approach for combating human trafficking. There is a health and EMS side to this issue and those stakeholders need to become further involved in recognizing and battling human trafficking. It is estimated that a quarter of human trafficking victims are seen by medical professionals and that is where health care providers can have an impact.

Alice Hill lauded Dr. Garza's team for their willingness to take on this issue. Hill noted that often individuals who appear to be prostitutes or domestic workers may be enslaved. Upon joining DHS, Hill was charged by the Secretary with integrating strategies to fight this kind of victimization under the umbrella of the *Blue Campaign*. Hill showed a video produced by Truckers Against Trafficking which featured a victim who had been forced into prostitution and was finally rescued by a vigilant trucker.

Hill resumed her remarks noting that often people don't know the difference between human trafficking and smuggling. Human trafficking involves fraud and forcing someone to do something against their will and can encompass domestic servitude, sex work, child soldiers or perhaps working in fields. When DHS launched this campaign a member of the EMS community suggested that they should be engaged in anti-human trafficking efforts.

The EMS community may see these victims when they are particularly vulnerable and in need of health care. Trafficking cannot succeed unless the victims are kept healthy. The State Department estimates that a little more than 12 million people are currently being enslaved all over the world. Fifty-six percent of the victims are women. More people are enslaved for forced

labor than for commercial sex. This is a \$32 billion a year annual trade ranking just behind drug trafficking and just ahead of weapons trafficking. Human trafficking is a significant criminal threat to the U.S. as well as internationally. Secretary Napolitano wants to bring this crime out of the shadows, make sure that all of the needs of victims are met, and bring the perpetrators to justice.

DHS has tremendous reach and ability to fight human trafficking both abroad and domestically with the Office of Health Affairs, ICE, the Coast Guard, CPB, TSA, FEMA and at immigration offices across the U.S. The *Blue Campaign* reflects the similarly named U.N. *Blue Heart Campaign* as well as the *Blue Blindfold Campaign* which operates out of the United Kingdom, and it references the “thin Blue Line.” All of these efforts are governed by the Trafficking Victims Protection Act which established the three “Ps,” as the benchmark for federal action: Prevent, Protect and Prosecute. A fourth “p” is partnerships, which are necessary to broaden efforts, help to identify trafficking, and stop it.

Hill then referred to the campaign’s victim assistance materials including a breakaway card with a victim’s hotline. The *Blue Campaign* will make materials available to the EMS community and arrange to do presentations to bring partners up to speed. To aid first responders in identifying victims, the *Blue Campaign* provides training for local law enforcement officers, including a video narrated by Demi Moore and Ashton Kutcher about how to identify and recognize trafficking victims.

Hill then provided contact information, including a Web address www.dhs.gov/humantrafficking, where resources from other agencies are also available. Hill invited interested parties to join DHS’s efforts, called for questions and thanked the group.

Dr. Garza said his office would be helping to get the word out to the first responder, health, and EMS community, including efforts to make materials more EMS- and medical-provider specific. Kate Nichols from his office will be helping to coordinate different agencies working on this issue.

Dr. David Boyd commented that it might be helpful to look at the example of child abuse reporting history and some associated issues to inform human trafficking reporting.

Hill acknowledged that there were legal issues that needed to be worked through. Strickland thanked Hill.

TECHNICAL WORKING GROUP COMMITTEE REPORTS, WORK PLAN UPDATES

Strickland called on Drew Dawson to begin with an overview to kick off this portion of the meeting.

Dawson described how the technical working group (TWG) committees work; 1) they are facilitated through interagency cooperation; and 2) they provide staff level support to FICEMS. Each committee has developed a 2-year work plan that outlines what they want to accomplish. After the Executive Session in October 2010, the TWGs have clear marching orders with regard

to a more strategic approach to emergency medical services nationally, and how to coordinate and collaborate on perhaps fewer but more strategic actions that have high profile impact.

Dawson indicated on behalf of Dr. David Marcozzi of the White House National Security Staff, that his office continues to support FICEMS around EMS, and that the White House will be asking FICEMS to look at the concept of enhanced collaboration among federal agencies to weigh the pros, cons and make recommendations on a Federal lead agency for EMS.

Dawson introduces Rick Patrick, Chair of the Assessment Subcommittee.

ASSESSMENT COMMITTEE, Rick Patrick, Chair

Mr. Patrick noted that the National EMS Assessment project, conducted in conjunction with the University of North Carolina and their partners, is on target. Data collection is in the final stages. Two focus group sessions were held in coordination with the National Association of State EMS Officials Conference earlier this year. The group also used information from the National EMS and 911 Stakeholders meeting. The subcommittee wants to determine what federal EMS funding is available now and how it's being used. A lot of discussion focused on the end state of EMS. Dr. Bass synthesized four core areas of focus for EMS:

- Capability of EMS and response
- Capacity of EMS and response
- Existing funding
- What funding is still needed

The Assessment Committee is outlining goals. Next steps are to define what EMS capability/capacity response really means and to determine baseline capabilities and capacities, and perhaps conduct a research project on these areas. Testing these in select states would be beneficial. Mr. Patrick solicited FICEMS feedback on that possibility.

MEDICAL OVERSIGHT COMMITTEE, Dr. Rick Hunt, Chair

With the significant turnover on the Medical Oversight Committee of the TWG the committee needed to be re-constituted. During the most recent meeting, the committee reviewed work to date, particularly progress around the evidence-based guidelines development process. FICEMS have been very supportive of evidence-based guidelines. The Children's National Medical Center was awarded a competitive grant to test the process and in July they hosted an expert panel testing the guideline development process resulting in two products: 1) a pediatric pain protocol for EMS; and 2) a mode of transport guideline (helicopter vs. ground). Now, those guidelines are undergoing implementation testing in Maryland.

There is still more to come but great progress has been made from concept to actual testing. And an evaluation is underway. Questions to consider include how to conduct testing of additional guidelines at the Federal level, whether this is the best model and how to sustain a process to ultimately achieve better outcomes. Additionally, it needs to be ensured that this process is actually informed by those who provide day-to-day medical oversight.

DATA AND RESEARCH COMMITTEE, Susan McHenry, Chair; Tasmeen Weik, Co-Chair

Susan McHenry began with a brief update. The committee met in early December and made revisions to the data/research work plan. A year ago, FICEMS endorsed working with the Emergency Care Coordination Committee (ECCC) on how to address and improve Internal Review Boards (IRB) for emergency care research. The committee and ECCC are planning to co-chair a conference on that issue in early 2011.

Tasmeen Weik said the committee has identified four broad objectives but focused on the first one, which is to educate IRBs and researchers on how to use the exception from informed consent procedures to encourage EMS research. The committee proposes conducting two Web casts funded by HRSA's Maternal/Child Health Bureau's EMSC program.

- The first Web cast would give a general overview of exception to informed consent regulations, present findings from NHTSA's National EMS Research Agenda conference, and then present an overview from FDA on their perspective.
- The second Web cast would be similar but highlight specific findings regarding challenges with pediatric populations particularly when a parent or guardian may not be there to grant consent. The committee is seeking FICEMS approval in moving forward with the two Web casts.

PREPAREDNESS COMMITTEE, Dr. Robert Bass, Chair

Dr. Bass noted that committee activities encompass three focus areas: Pandemic Influenza Preparedness; Mass Casualty Incident (MCI) Triage; and MCI preparedness generally. With respect to EMS pandemic influenza preparedness, the committee did an "options paper" on grant programs targeted to pandemic influenza preparedness. The "options paper" was presented at the FICEMS meeting this past September. On MCI triage, the committee has been reviewing the Model Uniform Core Criteria (MUCC) developed through a CDC program. The committee considered having some recommendations for the MUCC related to MCI triage at this meeting, but as a result of both internal and external conversations, there is perhaps the need for additional independent analysis of the MUCC. The committee will keep FICEMS apprised of progress in this area. Finally, Dr. Bass deferred talking about MCI generally until the Mexican Hat discussion scheduled later in the meeting.

SAFETY COMMITTEE, Rick Patrick, Chair

The Safety Committee continues to work on identifying the breadth of safety initiatives across the Federal government, spanning a range from general patient safety to vehicle safety to provider health and safety. All committee discussions have mirrored much of what the National EMS Advisory Council Safety Committee and individual NGOs have identified as issues over the past couple of years. Over the past several months FICEMS has concurred with the Safety Committee position statement as an official FICEMS statement. The position statement is posted on EMS.gov. The committee will continue to survey the landscape to see if there are issues to which Federal response is appropriate.

EDUCATION AND WORKFORCE COMMITTEE, Mike Stern, Chair

This is a relatively new committee of the FICEMS Technical Working Group and the work plan included in the binders is up for FICEMS approval today. The three main areas the committee is exploring includes education and training programs across FICEMS agencies in an effort to do

some collaboration and partnership; the EMS Education Agenda for the Future, obviously identifying opportunities to enhance collaboration and cooperation across the U.S. Government and then the EMS Workforce Agenda for the Future.

9-1-1/MEDICAL COMMUNICATIONS AD HOC COMMITTEE, Laura Flaherty, Chair

The majority of our work has been related to completing a response to the NTSB recommendation on emergency communications. Since this topic is scheduled later in the agenda, the committee will reserve its update for that time.

HEALTH CARE REFORM AD HOC COMMITTEE, Commander George Gentile presenting on behalf of Andrew Roszak, Chair

The committee continues monitoring health care reform implementation across the Federal government. At the last FICEMS meeting, the committee was tasked with drafting and submitting letters on behalf of FICEMS regarding health care reform implementation. To date the committee has received responses from CMS and ASPR. Regarding section 3013 of the Affordable Care Act, quality measure development, the committee is waiting for a vote from FICEMS today about moving forward on that letter. The committee continues to align its priorities with the 2011 priorities submitted to FICEMS.

Next, Chairman Strickland called for discussion or questions before voting on the issues reported in the TWG updates:

- Revision of Data/Research Committee two-year work plan;
- Education and Workforce Committee two-year plan;
- Approval to host Web casts for IRBs;
- The letter to the National Quality Forum

Drew Dawson comments that the letter to the National Quality Forum is a new letter for FICEMS consideration. There is a project funded by ECCC to deal with quality measures in EMS. This letter offers FICEMS resources and support to that process.

Chairman Strickland moved to approve all of the above-mentioned TWG updated items requiring a vote. These items were unanimously approved.

PROGRESS REPORTS – NATIONAL TRANSPORTATION SAFETY BOARD RECOMMENDATIONS AND PROPOSED STRATEGIES, Laurie Flaherty and Dr. Bass

Dr. Bass began by saying that in January the ad hoc committee provided a report on the status of FICEMS' response to two NTSB items about the 2008 motor coach rollover near Mexican Hat, Utah. Laurie Flaherty then discussed recommendation number one which is about 9-1-1 strategies.

The charge for us from NTSB was to develop a plan for states and 9-1-1 call centers, or PSAPs, to enhance emergency communications under the guise of two criteria: 1) a definition of high-risk rural roads; 2) and rural roads having large bus traffic. With this charge, the ad hoc committee of TWG members was formed. While completing this report, the committee

interviewed a number of subject matter experts and submitted a plan that contained the proposed components of this report. Those components are:

- A gap analysis or needs assessment
- Options for bridging emergency communications gaps
- Funding options
- Ideas for collaboration moving forward with the plan
- Additional resources

The first step to put this plan into action is to assess a baseline for emergency communications and then take steps to close any gaps. The committee included a definition of gap analysis as well as other information resources such as URLs, etc. and an emergency care continuum model so users would operate off the same concept in terms of what emergency care communications should encompass. The committee added a third criterion: assessing the readiness of motor coach personnel themselves in the event of a crash.

In part two, the options for bridging gaps as prescribed by subject matter experts, resulted in five options. The committee included with those options a list of benefits, challenges, and cost information so as to inform people's decision making. They also included potential options for funding; a list of suggested groups and contact information for potential collaborators; and additional resources. At the last TWG meeting the report was reviewed and approved for submission to FICEMS, so FICEMS can then approve and send it on to the NTSB.

Dr. Bass stepped in to discuss the second recommendation from the NTSB to FICEMS to evaluate the system of emergency response to large-scale rural transportation accidents. Once the evaluation is complete there can be guidelines formulated and adopted by the state. This past August, there was an IOM-sponsored workshop on medical and public health preparedness for catastrophic events focused on addressing MCIs in rural areas. Subject matter experts and stakeholders from around the country attended, and the proceedings of that workshop should be published early next year. The National Association of State EMS Officials (NASEMSO) Highway Incident and Transportation Systems (HITS) committee is working on a model inventory for emergency care elements. A NASEMSO work group had a recent meeting and is working on a paper which should be available mid-year.

Chairman Strickland made a motion to approve submitting the plan as presented to the NTSB. Motion carried.

Dr. Hunt took the floor to discuss Helicopter EMS Recommendations. Much of the progress around this issue was outlined in a previous report. The response from FICEMS was to outline an approach to come up with evidence-based guidelines around mode of transport medical decision-making. Another component of the response was to come up with how to best use helicopters within systems given those evidence-based guidelines. As part of an interagency agreement between CDC and NHTSA the committee is working through that process.

Drew Dawson clarified that the interagency agreement with the CDC is largely focused on trauma patients. One of the recommendations back from NTSB was that the committee expands

the focus beyond trauma patients to other medical conditions. The committee is exploring exactly how to accomplish that.

REPORT FROM THE NATIONAL COMMISSION ON CHILDREN AND DISASTERS (NCCD),

Commissioner Gregg Lord

Lord introduces himself and proceeded to talk about the work of the NCCD over the last two years. The commission was empanelled as a result of concerns emerging from Katrina about how to manage children during disasters. The bipartisan, 10-member commission was authorized by Congress and includes expertise across the spectrum of child advocacy and provision. The commission's goal is to assess the needs related to children for preparedness, response and recovery to all hazards. The commission is mandated to report to the President and Congress annually, but has also issued several different reports that are available on the commission Web site.

Children are 25 percent of the population and this presentation focuses on how to manage children within the context of EMS and acute medicine. Less than 20 percent of ambulances are equipped with recommended pediatric equipment based on EMSC findings. The last survey done by the American College of Emergency Physicians (ACEP) found that only six percent of emergency departments in the country have the recommended pediatric equipment. In the post-Katrina environment more laws were passed to protect animals than children. That reality sparked great concern about how to manage children in the future and improve their outcomes when disaster strikes.

The commission would like FICEMS to help ensure that EMS providers have the appropriate training to treat children and that the equipment is made available pre-hospital and in the hospital care environment for that purpose.

Dr. Boyd shocked that only 20 percent of ambulances and six percent of emergency departments have appropriate pediatric equipment. He also said that he doubts the statistics.

Lord conceded that the statistics are from 2006 EMSC research, and that the commission believes the situation has improved over the past few years. Lord then states that there are no better numbers available at this point. EMSC is embarking on new research this year to update the findings. Lord added that one challenge is that there is no national funding mechanism to support EMS providers in purchasing this equipment and getting the training. State and local jurisdictions have competing priorities and may not be able to make this equipment a priority.

As the discussion ends, Strickland takes opportunity to introduce Dr. David E. Heppel, M.D., of HRSA who is just arriving to the meeting.

LETTER FROM SENATOR INOUE'S OFFICE REGARDING FICEMS REPORT TO CONGRESS

Drew Dawson explains that FICEMS received a letter from Senator Inouye's office requesting a special pediatric services report.

Dr. Heppel says this is an opportunity to provide information to a member of Congress who has been very supportive of EMS, particularly with regard to children. He doesn't believe it must be a large report and that TWG resources could be made available to work on generating the report.

Dr. Heppel makes a motion that FICEMS prepare a summary report of pediatric activities in each member agency for submission to Senator Inouye. Strickland seconds and the motion is passed.

Jean Sheil poses a clarifying question asking Dr. Heppel what is expected from each agency for the summary. Heppel responds that he believes it would just be a description of what is presently happening with regard to pediatric EMS activities.

Dr. Hunt comments that the questions raised by Dr. Boyd regarding pediatric equipment in ambulances and emergency departments raises some concerns about accurate reporting of those numbers to Sen. Inouye. The comment is acknowledged and participants concur that accuracy is important.

Strickland calls for a vote on Dr. Heppel's motion and it is passed unanimously.

NATIONAL EMS ASSESSMENT PROJECT UPDATE, Dr. Greg Mears

Drew Dawson states that Dr. Mears and the EMS Improvement and Performance Center at the University of North Carolina have been contracted to conduct the EMS assessment.

Mears described the project as a partnership with the EMS Center at UNC and the National Association of State EMS Officials which represents all 56 states and territorial state EMS directors. When the project began in September 2009, the research team quickly discovered that the data sources were in many ways inadequate. FICEMS has seen an outline of content that was a combination of the EMS agenda and preparedness and disaster-area initiative information. The team is receiving data daily from the identified sources and has addressed over 90 percent of the outline. That includes over 300 data points. It hopes to deliver a final document in the spring. The research team believes the report will give a very good overview of EMS from several perspectives and will be able to illustrate where EMS does a great job and where there are challenges.

NATIONAL EMS ADVISORY COUNCIL (NEMSAC) REPORT, Dia Gainor, Chair

Chairman Gainor introduces herself and acknowledges other members and colleagues. She reported:

- That there was an October teleconference with 23 members in attendance.
- NEMSAC will continue to issue position statements, white papers and advisories as appropriate.
- NEMSAC received briefings on the National EMS Assessment and from the National Commission on Children and Disasters.
- NEMSAC refined its priority list of new, emerging and important EMS issues from 60 to 12.
- NEMSAC approved a position statement on the 700 MHZ (D-block) stating that it should remain a dedicated broadband space for public service agencies.

The priority focus areas are:

- A lead Federal EMS agency

- A leadership succession plan
- Evidence-based guideline development
- Health care reform and ramifications for EMS
- Ambulance and other EMS crashes
- EMS Education Agenda for the Future implementation

The council will be finalizing NEMSAC committee assignments and membership on the January conference call and committee work will proceed from there. Gainor's presentation ends.

Strickland spoke highly of NEMSAC and their hard work and stated that FICEMS should take up more of NEMSAC's recommendations proactively.

EMERGING ISSUES IN EMS FROM FEDERAL AGENCIES, Patrick Donovan, FCC

Donovan is with the Public Safety and Homeland Security Bureau at FCC. His presentation addresses next generation 9-1-1 in a Notice of Inquiry (NOI) on which the FCC will vote next week. The FCC develops rules for carriers requiring that they provide adequate 9-1-1 service; it does not oversee 9-1-1 call centers. The coming NOI asks a broad set of questions related to next generation 9-1-1 and how to move that forward. In March 2010, the FCC released the national broadband plan which included an entire chapter on how to improve public safety communications and how broadband can help accomplish that.

Donovan provided general information about the issues covered in the NOI. Specifically this Inquiry will:

- Explore the potential capabilities of next generation 9-1-1 systems, including the ability to text, send photos, or video to 9-1-1, as well as telemetry.
- Discuss the architecture for next generation 9-1-1 networks, encompassing issues such as interoperability and standards.
- Issues that may arise in switching from the current 9-1-1 system to an IP-based 9-1-1 network, including discussions on liability, confidentiality and privacy concerns.
- Covers location capabilities—how to ensure that a text goes to 9-1-1- and ensure as well that 9-1-1 can pinpoint a location.
- Discusses jurisdiction, authority and regulatory roles. The FCC considers the jurisdiction of partner agencies like NHTSA as well as the roles of the states. Since 9-1-1 is historically a state issue, it is important to consider how to work with states going forward.

The FCC believes the potential benefits of next generation 9-1-1 to EMS include:

- Improved location accuracy in rural areas;
- The ability to handle increased amounts of data and to share that with first responders;
- Access to external databases, for example hospital and patient medical histories;
- Interoperability, including across state lines;
- More efficient deployment of EMS resources to accident scenes;
- Improved incident management to protect first responders at highway accident scenes;
- Greater flexibility and options for consumers to reach 9-1-1.

Finally, a couple of other recommendations addressed in the broadband plan that are not in the NOI but are ongoing include:

- 1) NHTSA should direct a report on the cost of deploying a next generation, national 9-1-1 system. Laurie Flaherty will be working to coordinate between FCC and NHTSA.
- 2) Congress should establish a Federal framework for transitioning from legacy 9-1-1 to next generation 9-1-1.

Donovan ends, Strickland thanks him, asks for questions or comments.

Dr. Boyd comments on the positivity of using new technologies to access 9-1-1 but expresses concern about confidentiality and privacy. Donovan acknowledges the concern and assures that the FCC is aware and considering these issues.

ELECTION OF FICEMS CHAIR FOR 2011

Strickland moves to next agenda item which is the FICEMS election of the new chair and vice chair. He delivers remarks on his term, the challenges facing FICEMS but also the incredible advances the committee has made as a result of its work on EMS issues.

Yeskey personally thanks Strickland for his leadership. Then Strickland opens up for nominations. Dr. Alexander Garza is nominated for the chairmanship of FICEMS for 2011. He is unanimously approved. Next the committee considers the nomination for vice chair. Strickland makes a recommendation that Yeskey serve as vice chair, the motion is made and he is unanimously approved.

Nancy Dezell asks if FICEMS is involved in National Prevention Strategy Development with the Surgeon General, particularly with regard to provisions that would seem relevant to FICEMS' mission and goals. If it is not involved, she suggests that it might be a good opportunity to get involved.

Dr. Boyd raises the issue of a lead agency for EMS, and suggests that as discussions around this continue, FICEMS should seek to define exactly what it wants in that regard. Boyd delineates some history around discussion but emphasizes that how it works is probably more important than which agency actually becomes the lead agency. Boyd suggests that this should be a FICEMS task over the next year to perhaps develop a white paper making a recommendation to Congress.

Strickland engages in discussion and agrees that leaders and stakeholders need to come to a consensus on what they mean when envisioning a lead Federal agency in this area. His caution is that everyone, all stakeholders, need a place at the table to ensure that a lead agency is effective, which is far more important than which agency takes the lead. Given that he calls for an open and honest discussion.

Dawson adds that strategic planning and partnerships will be key to this effort. He reiterates that the White House National Security Staff and the National EMS Advisory Council will be contributing some ideas about a lead agency.

Strickland switches to the topic of ambulance crash worthiness which he suggests is worth consideration during the coming year. He shares that the idea sprang to the forefront after a discussion with the head of the Federal Motor Carrier Safety Administration housed under DOT. Strickland's staff is looking broadly at safety issues including measures and countermeasures, ongoing driver safety training, but also Federal motor vehicle safety standards. Strickland then asks if there is any experience or comment on that particular note.

PUBLIC COMMENT

Kurt Krumperman, Advocates for EMS, asks whether there will be an opportunity for the EMS community to review and comment on the EMS Assessment before it is finalized. He said that the issue of ambulance crash worthiness is a big priority and requires consideration. Advocates for EMS will hopefully be submitting legislation to designate a lead EMS agency.

Strickland asks Dawson to comment on EMS Assessment input. Dawson is unsure if it's contractually possible for the EMS community to review the National Assessment, but promises to ask.

Strickland calls for any other questions or comments; there being none, he adjourns the meeting with his thanks for the interest and hard work from members, staff and attendees in the room.